

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2022		
Mailing Address P.O. BOX 25093		Amount 3345232.32		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.1	
Purpose of Expenditure TV/MEDIA PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2022	
Name of Federal Candidate FETTERMAN, JOHN, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2022		
Mailing Address P.O. BOX 25093		Amount 324040.28		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.2	
Purpose of Expenditure RADIO PLACEMENT		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2022	
Name of Federal Candidate FETTERMAN, JOHN, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		3669272.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Crosby, Caleb, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 11 / 01 / 2022